Choose General & Medical Healthcare

General & Medical Healthcare specialise in providing quality Private Health Insurance to individuals and their families. We pride ourselves on our first class customer service, never forgetting our guiding principle, People first...always. We have been doing this for over 30 years.

This brochure tells you how you can protect yourself and your family with Private Health Insurance from General & Medical Healthcare. It’s important that you choose the scheme that is right for you so we have included as much information as we can about the choices available. If you have any questions at all, please call us.

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Nothing is more important to you than your health and the health of your family. If you or your loved ones were to experience worrying symptoms, Private Health Insurance can give you some control over the situation. Diagnosis and treatment can be dealt with efficiently, helping you to concentrate on getting well sooner.

**Choice and Convenience**
When your doctor says tests or treatment is needed there are no waiting lists to worry about. Appointments can be made at your chosen hospital within days. If further investigations or surgery is needed, you can choose which hospital to attend and which consultant you wish to perform the procedure. You can also choose to undergo treatment at a date and time that best fits around your life, work or family commitments.

**First Class Claims Service**
We give a personal level of service to all clients. Telephone calls are never routed through a call centre or held in a queuing system. As a client of General & Medical Healthcare you will be assigned a named Health & Care Support Specialist.

All of our Health & Care Support Specialists are fully trained in medical terminology and medical claims handling and are here to make the claims process as seamless as possible.

When it’s time to pay for your treatment, we make the payments direct to the hospital, leaving you with one less thing to worry about and able to concentrate on your recovery.

**Corporate Scheme Leavers**
If you were a member of a company scheme that was provided by General & Medical Healthcare, you’ll have the option to continue your healthcare cover with no change to the way we treat your medical history.

**Your Choice**
We allow you and your specialist to decide where and who treats you should you need to make a health related claim.

**Quality Care**
At any one of our selected private hospitals or medical facilities, you will usually have your own private room with en-suite facilities, excellent food and unrestricted visiting hours. You are also likely to have the same consultant dealing with you throughout your treatment and nursing staff with more time to dedicate to your personal care.

**Corporate Scheme Leavers**
If you were a member of a company scheme that was provided by General & Medical Healthcare, you’ll have the option to continue your healthcare cover with no change to the way we treat your medical history.
Benefits At A Glance

Some important facts about our Private Health Insurance policies are summarised within this brochure. This summary of benefits does not describe the full terms, conditions and exclusions of this policy, which can be found in the policy documents.

<table>
<thead>
<tr>
<th>In-Patient Benefits</th>
<th>Everyday Plus</th>
<th>Lifestyle Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation, Nursing Care, Surgeon &amp; Anaesthetist Fees</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Theatre Costs, Intensive Care Costs, Drugs, Dressings &amp; Consumables</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Diagnostics including MRI &amp; CT Scans</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Oro-surgical operations/procedures</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Treatment for Cardiovascular conditions</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Parent accompanying child</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Treatment for Cancer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment for Cancer whether or not relating to an in-patient admission. Includes Radiotherapy, Chemotherapy, Post Cancer Services, Advice on Cancer Treatment, Artificial Feeding, Speech Therapy &amp; Monitoring</td>
<td>£10,000, rolling up to £50,000 after 5 continuous years membership with no related claims</td>
<td>✓</td>
</tr>
<tr>
<td>Cosmetic or Aesthetic Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-Cancer Drugs, Preventative Treatment, Biological Therapies, Genetic Testing, Bone Strengthening Drugs &amp; Bone Marrow or Stem Cell Transplants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospice Care</td>
<td></td>
<td>£2,250</td>
</tr>
<tr>
<td>Palliative Treatment (and/or End of Life Care) For Policy Lifetime</td>
<td></td>
<td>£25,000</td>
</tr>
<tr>
<td><strong>Out-Patient Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial consultation &amp; specialist fees including diagnostics &amp; initial MRI &amp; CT Scans</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Subsequent consultation &amp; specialist fees</td>
<td>£1,500</td>
<td></td>
</tr>
<tr>
<td>Subsequent diagnostics inc MRI &amp; CT Scans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physiotherapy &amp; Complementary medicine</td>
<td>£500 (Part of limit for subsequent consultations and diagnostics)</td>
<td>£1,000</td>
</tr>
<tr>
<td>Treatment for Cardiovascular conditions</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Out-patient Mental Health</td>
<td>£1,000</td>
<td>£1,000</td>
</tr>
<tr>
<td><strong>Maternity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complications of Pregnancy (defined conditions only)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Maternity Cash Benefit</td>
<td></td>
<td>£150</td>
</tr>
<tr>
<td><strong>Cash Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS Cash Benefit</td>
<td>£250 per night up to a maximum of 30 nights per membership year</td>
<td></td>
</tr>
<tr>
<td>Life Cash Benefit</td>
<td>£1,000</td>
<td>£1,000</td>
</tr>
<tr>
<td>Personal Accident Cash Benefit</td>
<td></td>
<td>£1,000 per accident</td>
</tr>
<tr>
<td>Temporary Disablement Cash Benefit</td>
<td></td>
<td>£100 per month for up to 6 months</td>
</tr>
<tr>
<td>Critical Illness Cash Benefit</td>
<td>£1,000</td>
<td>£1,000</td>
</tr>
<tr>
<td><strong>Other Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health &amp; Wellbeing Services/Stress Counselling Helpline</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Home Nursing</td>
<td>£1,000</td>
<td>✓</td>
</tr>
<tr>
<td>Private Ambulance</td>
<td>£500</td>
<td>✓</td>
</tr>
<tr>
<td>24 hr GP advice line</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Parking Charges</td>
<td></td>
<td>£300</td>
</tr>
<tr>
<td>Non UK Medical Cover</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring of a pre-cured eligible condition</td>
<td></td>
<td>£1,500 during a 24 month period</td>
</tr>
<tr>
<td>Lifestyle Rewards</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

✓ Full refund subject to any limits or eligibility criteria as detailed in the Policy Document Part 1 – Your Policy General Terms and Conditions and Policy Document Part 2(A) – Your Private Health Insurance, which includes your Schedule of Cover.

Note: Unless stated otherwise, any limits shown are per membership year.

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Available Modules, Options and Upgrades

The following options are available throughout the Everyday Plus and Lifestyle Plus. Premiums may increase or reduce, depending on the option chosen:

| Hospital Choices | Freedom and Premium Hospital lists are available options throughout Everyday Plus and Lifestyle Plus. |

The following optional upgrades to cover are available for an additional premium:

<table>
<thead>
<tr>
<th>Cover for Pre-existing Conditions</th>
<th>Cover for up to two pre-existing conditions, chosen at outset from the following list of defined conditions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acne</td>
<td>Hypertension</td>
</tr>
<tr>
<td>Asthma</td>
<td>Psoriasis</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Arthritis</td>
</tr>
<tr>
<td>Eczema</td>
<td>Carpal Tunnel Syndrome</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>Crohn’s Disease</td>
</tr>
<tr>
<td>Fibrocystic Breast Disease</td>
<td>Gastro-Oesophageal Reflux Disease</td>
</tr>
<tr>
<td>Ulcerative Colitis</td>
<td>Varicose Veins</td>
</tr>
</tbody>
</table>

Cover is subject to an annual limit of £1,000 per condition, rolling up to £10,000 after 10 continuous years membership with no related claims.

| Cover for In-patient Mental Health | This option gives members cover for both in-patient and day-patient treatment if they are diagnosed with a psychiatric condition, up to 28 days per membership year, followed by an additional 12 days on 50% co-share basis. A 12 month qualifying period may apply and full terms and conditions are given in your relevant policy documents. |

| Channel Islands Cover | This option provides cover for the services provided by your Channel Islands G.P, including prescription costs, consultations and routine minor surgery. Cover is available for return travel costs to another Bailiwick or the UK, where you require medical treatment unavailable in the Bailiwick of your residency. The cover will also provide benefit for travel and accommodation costs for parents or a qualified nurse accompanying a child for treatment. Benefit limits will be shown in the Schedule of Cover and full terms and conditions are given in your relevant policy documents. |
Health & Wellbeing - a free service

The health and wellbeing of you and your family is important to us. That's why we are pleased to include free 24 hour Health and Wellbeing Support within all of our Private Health Insurance policies, to offer additional benefits to you and your family, all for no extra cost. We want to make sure you have access to support whenever you may need it.

Health & Wellbeing ‘online’
The online Health & Wellbeing site gives you the resources and inspiration to make simple changes to develop a healthier, more balanced and productive lifestyle. The site provides:

- Active life programmes designed to guide you to your health goals
- Health & Wellbeing programmes with up to date, clinically validated support information
- Active sport programmes for those with specific sports or training goals
- Active care programmes designed to prevent illness or manage existing conditions

There is also help with a wide range of issues such as medical information, diet and nutrition, help to stop smoking and even guidance on travelling overseas.

Telephone Counselling
This service is available 24 hours a day, 7 days a week and gives you access to confidential telephone counselling and support. You can speak with counsellors, scheduling convenient appointments for each session.

The specialist teams of experienced, qualified and trained counsellors are able to provide support and assistance on a wide range of issues including family and relationship difficulties, anxiety, stress, emotional problems, work related issues, bereavement and debt.

Health & Wellbeing advice
The Health & Wellbeing advice service gives you access to a team of doctors, nurses and specialists who are on hand to provide confidential and easy to understand help and guidance. You can discuss health and lifestyle issues, medical symptoms and worries with a sympathetic professional across a wide range of subjects.

This service provides general guidance and information only and is not intended to detract from or substitute normal primary healthcare. This is not an emergency service and will not provide a diagnosis or prescribe treatment.
A vital part of any Private Health Insurance scheme is the available medical facilities, in which treatment may be given. With General & Medical, whichever level of cover you choose, you'll have access to over 1,000 of some of the best private hospitals and medical facilities throughout the UK. Find your nearest hospital by visiting www.generalandmedical.com/hospitals

Hospital Choices
At General & Medical we have one of the largest selections of hospitals and medical facilities compared to any UK health insurer. We call these our Participating Hospitals and they include the majority of the leading national private hospital groups and the NHS private patient units, giving you access to the most modern facilities available in the UK.

Most of our Participating Hospitals provide a single private room with en-suite facilities for in-patient accommodation, together with a choice of menus, flexible visiting times and other facilities consistent with a modern private facility. This gives you timely access, privacy and the dedicated care and comfort you deserve.

The cost of treatment between different facilities can vary enormously, so we have grouped our Participating Hospitals to give you three levels of choice. In this way, we are able to reflect the lower cost of treatment at certain facilities by reducing premiums according to the hospitals you choose.
Ways to Reduce your Premiums

If reducing your premiums would help you to meet your budget, you can of course, choose a lower level of cover, for example by choosing Everyday Plus instead of Lifestyle Plus. You can also significantly reduce your premiums by adding an excess to your policy.

Policy Excess
An excess is an amount agreed in advance that you or each person on your policy pays towards the cost of a claim.

You can add an excess of £100, £250, £500 or £1000.

Excesses apply per policy year so if your treatment for an eligible claim carries on into the next policy year, another excess will apply.

Remember - the higher the excess, the lower your premium. For example, even an excess of £250 per claim could reduce your premium by over 20%!

The important thing is to choose a level of excess that you can comfortably afford.

“An excess of £250 per claim could reduce your premium by over 20%!”
Ways to Enhance your Cover

You can enhance your cover by, for example, choosing Lifestyle Plus instead of Everyday Plus or Premium Hospitals instead of Freedom Hospitals. You should select the level of cover and hospital choice that best suits your needs, but you can also choose to add any of the following options to enhance the benefits available from your healthcare scheme.

Cover for pre-existing conditions
Cover for up to two pre-existing conditions, chosen at outset from the following list of defined conditions:

- Acne
- Arthritis
- Asthma
- Carpal Tunnel Syndrome
- Crohn’s Disease
- Diabetes
- Eczema
- Fibrocystic Breast Disease
- Gastro-Oesophageal Reflux Disease
- Glaucoma
- Hypertension
- Psoriasis
- Ulcerative Colitis
- Varicose Veins

Cover is subject to an annual limit of £1,000 per condition, rolling up to £10,000 after 10 continuous years membership with no related claims. Any child selected for the pre-existing condition upgrade will be charged at our full child rate plus the upgrade supplement.

In-patient Mental Health Treatment
This option gives members cover for both in-patient and day-patient treatment if they are diagnosed with a mental health condition, up to 28 days per membership year, followed by an additional 12 days on 50% co-share basis. A 12 month qualifying period may apply and full terms and conditions are given in your relevant policy documents.

Channel Islands Cover
If you reside in the Channel Islands you can choose this upgrade specifically designed to offer additional benefit to supplement the treatment available to you. For an additional premium we will cover the services provided by your Channel Islands G.P, including prescription costs, consultations and routine minor surgery. Cover is available for return travel costs to another Bailiwick or the UK, where you require medical treatment unavailable in the Bailiwick of your residency. The cover will also provide benefit for travel and accommodation costs for parents or a qualified nurse accompanying a child for treatment. Benefit limits will be shown in your Schedule of Cover if you have selected this upgrade.
What Isn't Covered

Our cover has a number of exclusions and limitations that vary depending on the cover you choose and the underwriting option that applies to your cover. The exclusions and limitations on our schemes are summarised below. For full details please refer to your relevant policy documents.

Significant Limitations
a) The services of a general practitioner or general dental practitioner.
b) Sight testing, routine medical examinations, chiropody/podiatry.
c) Pregnancy or childbirth including preventative care, complications, miscarriage or termination.
d) Any dental condition not involving in-patient oro-surgical operations/procedures.
e) Out-patient treatment, in-patient treatment or day care treatment of any psychiatric illness or disorder.
f) Health screening, routine monitoring, allergy testing or treatment.
g) Rehabilitation or convalescence including bed rest without active treatment.
h) Treatment received outside the UK or Channel Islands.

Significant Exclusions
a) Alcoholism or drug dependence (licit or illicit).
b) Accident or emergency admission and/or unplanned admissions, their routine follow-up or any complications.
c) Treatment of congenital defects or conditions which are a natural part of the ageing process.
d) Treatment of chronic conditions.
e) Birth control, conception, sexual problems and gender reassignment.
f) Regular or long term renal dialysis in chronic or end stage renal failure.
g) Any undisclosed pre-existing condition.
h) Suicide or treatment of self inflicted injury or injury sustained whilst participating in any form of illegal activity or under the influence of drugs or alcohol.
i) Sleep disorders/sleep studies/sleep apnoea.
j) HIV/AIDS and any related condition or test.
k) Organ transplants or replacements.
l) Treatment arising from nuclear, chemical or biological contamination, war, civil disorders or riots.
m) Referral by, or charges for, care or treatment by a family member or anyone living or working with the covered person.

Non-UK Travel Medical General Exclusions
a) Any trip exceeding 120 days duration.
b) Any trip booked or commenced during convalescence following serious injury or illness.
c) Any trip expected to involve hazardous or non-conventional holiday or manual work.
d) Any trip made by insured persons under age 16, unless accompanied by an adult covered and aged over 18.
e) Cover only available up to a persons 75th birthday.
f) There is a £100 excess per claim.
Your Questions Answered

If after reading these frequently asked questions you need more information, or have any unanswered questions, please contact one of our sales advisors. We will be happy to help.

Who provides the policy?
Where the benefits of your policy are insured, different insurers may underwrite them. For clarity we have detailed which insurers underwrite the benefits you may have, in the table below.

<table>
<thead>
<tr>
<th>Healthcare</th>
<th>Multi-Trip Travel</th>
<th>Emergency Non-UK Medical</th>
<th>Life Cover</th>
<th>Personal Accident &amp; Disability</th>
<th>Critical Illness</th>
<th>Sports Personal Accident</th>
</tr>
</thead>
<tbody>
<tr>
<td>General &amp; Medical Insurance Ltd</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
</tr>
<tr>
<td>Optimum Global Insurance Company Ltd</td>
<td>♦</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

♦ Underwriter

Are there any age limits?
You may join a General & Medical scheme as an individual from the age of 16 up to your 75th birthday. Once covered there is no upper age limit.

Children under the age of 16 must be added to an adults policy. Children are classed as a child up to their 21st birthday, or their 25th birthday if they remain in full time education. Proof of full time education must be provided.

Will my premium go up at renewal?
We review your premiums annually to reflect the overall cost of claims and medical inflation. Our schemes are priced using age bands, reflecting that people are more likely to claim as they get older. This means that you could see an age-related increase in your premium in addition to our general review.

Your premium can be influenced by other factors such as the availability of new treatments, medical technologies and any claims made on your scheme.

How do I make a claim on my Private Health Insurance policy?
You should contact your Health & Care Support Specialist before you see your consultant so that we can confirm your cover. Your Health & Care Support Specialist will be able to guide you through the process of claiming and let you know what is and is not covered. The full claims procedure is detailed in your relevant policy documents.

How do I make a claim on my Non-UK Travel Medical Policy?
To make a claim for emergency medical treatment whilst outside the UK please use the telephone numbers provided within your Schedule of Cover.

Can I cancel my policy?
You may cancel your policy by telephoning us, by email or in writing (see contact us for details).

You may cancel your policy during the 14 day cooling off period. This period commences on the day your cover starts or when you receive your policy documentation, whichever is the later. We will refund any premium paid at the date of cancellation, providing you have not used any of the services available on your cover and no claims have been made.
If you decide to cancel your cover before your renewal date and outside of the cooling off period, providing you have not used any of the services available on your cover or attempted to make any claims you can do this by giving us at least 30 days notice before the date on which you want your cover to cease. If you have incurred any claims costs, attempted to make a claim, used any of the services provided by your cover, or an incident has occurred which has led to a claim, or may yet lead to a claim against your policy, we will require you to pay any remaining unpaid balance of the full annual premium as shown on your most recent Schedule of Cover document. You will receive written confirmation from us that your cover has ceased and your cover will not continue beyond your cancellation date.

If you wish to cancel your cover at your renewal date you should tell us as soon as possible before your renewal date. Your cover will cease the day immediately prior to your policy renewal date. A 14 day cooling off period also applies at renewal, commencement of which is from your renewal date.

Reasonable and Customary Charges
We look to contain claims costs wherever possible, to minimize the impact on your premiums. Medical diagnostics, technology and equipment are becoming more advanced day by day, and so more claims are being made each year. We aim to manage the costs arising from these claims according to a frequently reviewed fee schedule. We believe this schedule reflects reasonable and customary rates of remuneration for the procedures listed. The schedule shows the maximum amount payable towards each procedure. These fee schedules are issued to all affiliated medical specialists.

What do I do if I have a complaint?
To avoid misunderstandings, you must read the information supplied when taking out your cover. If you are unsure about any aspect of cover, you should contact your personal Health & Care Support Specialist. We’re here to help.

We are committed to providing a high level of service to all our clients but occasionally things can go wrong. If this happens, we will do what we can to put things right.
Underwriting Options

Our Private Health Insurance schemes are designed to cover new and unexpected medical conditions. We offer a choice of underwriting options as described below. Please take your time to read about the options as this is important information you will need to know.

Full Medical Underwriting
This means we ask medical declaration questions about past health. Any pre-existing conditions and related conditions may be excluded from cover, unless we agree to accept them. These exclusions will be shown on your Schedule of Cover.

Moratorium
This means we do not need a medical declaration to be completed. Instead we will not cover treatment of any pre-existing condition or related conditions if you have had symptoms, even if a medical opinion has not been sought, in the 60 month period prior to the member joining the scheme. However, we may agree to cover a pre-existing condition or related condition providing the condition or any related condition does not remain present, including in remission and only if there have been no symptoms, treatment, medication, diagnostic tests or advice for such conditions during a continuous 24 month period after joining the scheme.

Continued Moratorium
You can apply on this basis if you are transferring from an existing scheme, which is underwritten on a Moratorium basis. We apply our Moratorium conditions as above with effect from the commencement date of the scheme from which you are transferring.

Continued Personal Medical Exclusions
You can apply on this basis if you are transferring from an existing fully medically underwritten insurance scheme. We will apply the same personal medical exclusions to your cover with us that were applied to your previous scheme.

Continued Underwriting Options
For all continued underwriting options proof of previous insured terms will be required and you may need to state whether anyone on the scheme has suffered from cancer, heart, psychiatric or orthopaedic joint conditions in the past, depending on the size of the scheme as additional terms may apply.

Medical Records
A copy of your medical history or a medical report may be requested at the start of any claim. Failure to provide the medical history of the claimant could result in the claim and any future claims being declined.

Distribution of Information to Family Members
The Policyholder must distribute to each family member on joining the scheme, the member letters (including any inserts) summarising the scheme, his/her policy schedule (if applicable) and any subsequent member literature we send to the Policyholder, without delay.
How to Contact Us

Policies are arranged by M&L Healthcare Solutions. If you would like to know more or you would like a quote and application form

Please call M&L Healthcare Solutions 0800 145 5838 or 01223 881779

You can email us at cam.ac@mlhs.co.uk

Visit us online at www.mlhs.co.uk
Want to know more? Please contact us on:

0800 145 5838 or 01223 881779

cam.ac@mlhs.co.uk

or visit www.mlhs.co.uk

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